PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

		Effective October 1, 2003									18	<u>/ / </u>	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			/			}	RATI	E. 1	E F		RATE	FEE	
FOR			NUMBER FILED I		MUM	BEREXTRA	BASIC	EE 38	35 00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE: CLAIMS			/ minus 20= '				XS 9			OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =				X43-				X86		
Μl	JLTIPLE DEPE	NDENT CLAIM PR	RESENT							OR			
* If the difference in column 1 is less than zero en					:01:45	where 2	+145			OR	+290-		
11						:OMHNEZ	ATOT	d		OR	TOTAL		
	С		.MENDED - PART II (Column 3) — Column 3)				SMAI	L ENT	TTY	OB	OTHER SMALL		
⋖		(Column 1))	1.00 200		-Column 3)			. [::			AFIE	
Ż		REMAINING AFTER		PRL VIC	NUST, r	PROBA	RATE		DNAL		RATE	TIONAL FEE	
AMENDMENT	Total	* 2	Minus	PAID			X\$ 9		E.C.		XS18=)	
Z U Z	Independent	. 3	Minus	***	$\frac{1}{2}$	i			_	OR			
2	FIRST PRESE	NTATION OF MU	JLTIPLE DE	I PENDENT	CLAIM		X43			001	X86=		
							+145	- <		on	+290=		
							TOT ADDIT F			OR	TOTAL ADDIT FEE		
		(Column 1)	·	(Colur		(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HQIH MUM NVP89 OIAS	BER Hijsa -	PRESENT ENTRA	RAL	: Tid	DDI DNAL EE		RATE	ADDI- TIONAL FEE	
Σ 2	Iotai	•	Mirios	**			450	1		्रास	X518		
נו צ	Independent	A	Minus	***		-	X43:				X86=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		1 {	
							+190			OΒ	L		
							ADDOLL			OR	TOTAL ADDIT FEE	L	
		(Column 1)	,	(Colur		(Column 3)				_			
AMENDMENI C		CLAIMS REMAINING AFTER AMENDMENT		PREVIO PAID	BER DUSLY	PRESENT EXTRA	·· RATE	ː TIC	DDI- DNAL EE		RATE	ADDI TIONAL FEE	
3	Total	*	Minus	A:# '		- -	X\$ 9	_		OR	X\$18=		
Ξ Σ	Independent	*	Minus	* * *		=:	X43-				X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.			OR	7.00***	<u> </u>	
							+145			OR	+290=	<u> </u>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT FEE		
						an 3, enter "3." e highest number			riate bo	x in co	lumn 1.		